

UIC INTERNATIONAL VISITING STUDENT APPLICATION
FOR 4-WEEK OBSERVERSHIP

PART I. TO BE COMPLETED BY THE VISITING STUDENT

NAME (print legibly): _____
Last (Family) Name First



Social Security # _____ / _____ / _____ (if applicable)

Permanent Address: _____
House Number Street Apartment/Suite #

_____ City State/Province Zip/Postal Code Country

Telephone #: _____ Fax #: _____

Pager #: _____ E-Mail: _____

DATE OF THREE PREFERRED ROTATIONS

1. Begin Date: ____/____/____
2. Begin Date: ____/____/____
3. Begin Date: ____/____/____

NAME OF THREE PREFERRED ELECTIVES (AS PUBLISHED IN CATALOG):

1. _____
2. _____
3. _____

Name of Medical School: _____

1. The student will be registered in his/her (4th 5th 6th) year during the proposed elective. 4th 5th 6th
2. The student will attach evidence of student's personal health coverage? ◇ Yes ◇ No
3. The student is aware that a signed letter of academic standing must accompany form to validate application. ◇ Yes ◇ No
4. Return evaluation to Faculty Member? ◇ Yes ◇ No

If Yes: _____
Faculty Name & Title Email Address

5. The student verifies that all of the above information is correct, to the best of their knowledge, by entering his or her name below.

_____ Full Legal Name Date

PART II. TO BE COMPLETED BY UIC COM OFFICE OF INTERNATIONAL EDUCATION

Student meets the requirements of: (a) approval from VS medical school; (b) good standing; (c) completed core clerkships; (d) malpractice coverage; (e) personal health insurance; (f) immunization certification; and (g) citizenship / residency status.

- APPROVED for the elective on this application, ONLY**
 DENIED

Ara Tekian, PhD, MHPE
Associate Dean for International Education
 UIC College of Medicine

Signature Date Signed

PART III. TO BE COMPLETED BY THE PROGRAM COORDINATOR OR DESIGNEE AT UIC OR AFFILIATE HOSPITAL

- APPROVED for the elective on this application, ONLY**
 DENIED

Sonya Forster Raich, Ph.D.

(Print) Name of Program Coordinator or Designee Signature Date Signed

INTER-OFFICE USE
 Evaluation to dept: ____/____/____ Returned to OSA: ____/____/____ Copy to student: ____/____/____ Copy to student's school: ____/____/____ Initials: _____